

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 08/28/01?
 - b. The request was received on 03/18/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution dated 06/11/02
 - b. EOB
 - c. TWCC-21s
 - d. RME Medical Report dated 08/29/01
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The dispute packet contains no record of when the insurance carrier received the requestor's 14-day response per Rule 133.307 (g)(4). The response from the insurance carrier was received in the Division on 06/11/02 and will be considered as filed timely per Rule 133.307 (i).

III. PARTIES' POSITIONS

1. Requestor: letter to carrier dated 02/06/02
"This facility believes that the above dated service are not duplicated charges. The only Explanation of Reimbursement we received was the one that stated this is a duplicate charge."
2. Respondent: letter dated 06/11/02
"First, Carrier objects that the Provider's initial Request failed to include a copy of Carrier's EOB and RME report as required by TWCC Rule 133.307 (d) & (e) and should have been deemed by TWCC to have not been filed in the form and manner required by

the TWCC. This was particularly important here because the Provider's additional information seems to indicate that it believes that this is a fee dispute when it is actually as[sic] dispute over whether the services provided were reasonable and necessary to treat the compensable injury."

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 08/28/01.
2. The carrier's EOBs have the denials, "R – UNRELATED TO THE COMPENSABLE INJURY" and "D – THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER."
3. The only relevant denial code is "R" which will be the only one addressed in the table.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
08/28/01	99213	\$48.00	\$0.00	R	\$48.00	MFG descriptors	<p>The only medical documentation submitted by the provider that remotely addresses the issue how the services are related to the 09/05/00 injury is a letter dated 08/28/01 addressed to the carrier that has the sentence "The patient's diagnosis is consistent with the prescription of this supply."</p> <p>The carrier has submitted an RME Medical Report dated 08/29/01. This report contains a History, Treatment and Medical Record Review, Physical Exam, and Conclusions. The report indicates that on 03/01/01 patient had performed F-wave, H-reflex latency and dematosomato sensory volt potential studies, and on 04/14/01 patient had an MRI of the right ankle. These resulted in no significant clinic findings.</p> <p>Medical Review has examined the documentation submitted by both the provider and the carrier and concludes that the services provided are not related to the 09/05/00 injury. Therefore, no reimbursement is recommended.</p>
08/28/01	97500	\$24.00	\$0.00	R	\$24.00		
08/02/01	L3030	\$248.00	\$0.00	R	DOP		
Totals		\$320.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 27th day of June, 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.